

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

CURRENT DAILY CARE PLAN SCHEDULE

INDIVIDUAL'S NAME (<i>Last, First, M.I.</i>)	ASSISTS ID NO.	SUPPORT COORDINATOR'S NAME	
NAME OF PERSON INTERVIEWED			DATE

***NEED MET CODES: I = Individual F = Family C = Community D = DDD O = Other**

[illegible]

WEEKEND: (Sat. - Sun.)

					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			

Completion Instructions for DDD-1165AFORNA

CURRENT DAILY CARE PLAN SCHEDULE

A. Purpose

The purpose of this form is to obtain information regarding the individual's needs. The intention is for the individual's needs to become evident through conversation about the daily routine. This form is to be completed by the Support Coordinator in conjunction with the individual or one who knows the individual's needs.

B. Completion

INDIVIDUAL'S NAME: Enter the Individual's name.

ASSISTS ID: Enter the Individual's ASSISTS ID number.

SUPPORT COORDINATOR'S NAME: Enter Support Coordinator's name.

NAME OF PERSON INTERVIEWED: Enter the name of person giving the information.

DATE: Enter the date the form is completed.

DAY: Enter either the day or days of the week.

TIME: Enter the time the activity takes place (*e.g., 7:00-7:30 am*).

ACTIVITY: Enter the activity taking place (*e.g., bath, dress, etc.*).

TIME NEEDED: Enter the amount of time the activity takes (*e.g., 30 min.*).

NEED MET: Enter the code, if appropriate.

NEED NOT MET/NOT ADEQUATELY MET: Check yes or no box.

REASON/COMMENTS: Enter the reason why the need is not met.

IDENTIFY RESOURCES: Enter what will help meet the need.

TOTAL WEEKLY HOURS: Enter total service hours needed.

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